



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Wiseman	Gary	Lynn	808 845-4887
MAILING ADDRESS (Street)			FAX
80 Sand Island Access Rd #M-119			808 847-7876
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Associated Builders and Contractors, Hawaii Chapter, Inc.	808 845-4887
MAILING ADDRESS (Street)	FAX
80 Sand Island Access Rd. #M-119	808 847-7876
(City)	(State)
Honolulu, Hawaii	96819
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Garv Wiseman	808 845-4887
MAILING ADDRESS (Street)	FAX
80 Sand Island Access Rd. #M-119	808 847-7876
(City)	(State)
Honolulu, Hawaii	96819

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Harry Lynn Roseman
(Signature of Lobbyist)

3/14/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<i>Henry W. Aylward</i>		<i>Legislative Chair</i>	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Associated Builders and Contractors, Hawaii Chapter, Inc.		808 845-4887	
MAILING ADDRESS (Street)		FAX	
80 Sand Island Access Rd. #M-119		808 847-7876	
(City)	(State)	(Zip Code)	
Honolulu, HI. 96819			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<i>H. Aylward</i> (Signature of Authorizing Officer or Person Represented)		3/31/05 (Date)	